

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32641

State File No. 200

FILED OCT 6 1952

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 200	
1. PLACE OF DEATH a. COUNTY <u>StCharles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>StCharles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>StCharles</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>StCharles</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Albion Jefferson</u>				d. STREET ADDRESS (If rural, give location) <u>305 Jefferson</u>			
3. NAME OF DECEASED (Type or Print) <u>Alice</u>		a. (First) <u>A</u>		b. (Middle) <u>Linnemann</u>		c. (Last) <u>Sept 27 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2-18-1872</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>StCharles Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Henry Linnemann</u>		13b. MOTHER'S MAIDEN NAME <u>MATHILDA HANSER</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Linnemann</u> ADDRESS <u>305 Jefferson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> ANTECEDENT CAUSES <u>Gen Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>10 yrs</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 10</u> , 19 <u>52</u> , to <u>Sept 27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 20</u> , 19 <u>52</u> , and that death occurred at <u>7 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. Erich Schuck MD</u> (Degree or title)				23b. ADDRESS <u>StCharles Mo.</u>		23c. DATE SIGNED <u>9/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 30 '52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>StCharles Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-27-52</u>		REGISTRAR'S SIGNATURE <u>Hanna</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul</u> ADDRESS <u>Trakmann-Baue</u>		620 Jefferson StCharles	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

M

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Howard F. Perkins*

Licensed Embalmer No. 3114

P. O. Address Kirkwood Missouri

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.